

DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Health
Monday, February 14, 2022
1:15 p.m.
Via Videoconference**

**On the following measure:
S.B. 2645, RELATING TO ACCESS TO BEHAVIORAL HEALTH SERVICES**

Chair Keohokalole and Members of the Committee:

My name is Colin M. Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The offers comments on this bill.

The purpose of this bill is to allow for standard telephone contacts for telehealth purposes related to behavior health services.

This bill would amend the definition of "telehealth" in (HRS) sections 431:10A-116.3, 432:1-601.5, and 432D-23.5, which currently excludes telephone contacts. These amendments would allow behavioral health services under HRS section 453-1.3(h) to be considered "telehealth" under relevant State insurance laws.

We note that it is unclear whether this amendment to the definition of "telehealth" that is used to describe telehealth requirements in sections 431:10A-116.3, 432:1-601.5, and 432D-23.5, would be construed as "in addition to the essential health benefits" within the meaning of 45 Code of Federal Regulations (CFR) § 155.170(a) or

subject to defrayment provisions under 45 CFR § 155.170(b), which apply to benefits “in addition to the essential health benefits.”

For the Committee’s information, Hawaii Revised Statutes section 23-51 provides, in part, that “[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, [sic] can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]”

Additionally, the amendments to HRS section 453-1.3 are unnecessary. HRS sections 431:10A-116.3(c), 432:1-601.5(c), and 432D-23.5(c) already address parity and would be using the amended definition of “telehealth” proposed by this bill, providing in part: “Reimbursement for services provided through telehealth **shall be equivalent** to reimbursement for the same services provided via face-to-face contact[.]” (emphasis added).

Finally, the adoption of telehealth services has reduced barriers to care during the COVID-19 public health emergency. The law on coverage for telehealth currently provides that telehealth reimbursement levels are equivalent to the same service provided via face-to-face contact. The National Association of Insurance Commissioners commented in a January 27, 2022 letter to the U.S. Department of Health and Human Services that the use of telehealth should be one factor in determining sufficient network coverage, but its value should be carefully considered and balanced with making in-person care sufficiently available. Telehealth is clinically different than in-person care and may not provide the same level of care in some situations.

Thank you for the opportunity to testify.



February 12, 2022

The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair
Senate Committee on Health

Re: SB 2645 – Relating to Access to Behavioral Health Services

Dear Chair Keohokalole, Vice Chair Baker, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in opposition on SB 2645, which allows for standard telephone contacts for telehealth purposes related to behavioral health services.

As a strong supporter of telehealth, HMSA was the first health plan in the nation to provide a telehealth platform: HMSA Online Care. We believe that the ability to provide remote face-to-face patient-provider interaction allows for increased access and quality of care. While HMSA does support standard telephone contacts as a form of care delivery, it does not always provide an equitable level of clinical outcome compared to face-to-face patient-provider interaction.

Should this bill move forward, we respectfully request that the State Auditor conduct an impact assessment report pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes first since it creates new mandated benefits which increase costs for our members.

Thank you for allowing us to testify on SB 2645. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations

To: The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn Baker, Vice Chair
Members, Senate Committee on Health

From: Jacce Mikulanec, Director, Government Relations, The Queen's Health Systems

Date: February 14, 2022

Re: Comments on SB 2645 – Relating to Behavioral Health

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

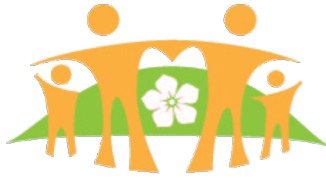
Queen's appreciates the opportunity to provide comments on SB 2645, which would allow for standard telephone contacts for telehealth purposes related to behavior health services. Throughout the COVID19 pandemic Queen's has relied increasingly on various modes of telehealth to deliver critical medical services to our patients – including those delivered through telephonic means. This is particularly beneficial to patients who may have limited mobility, reside in rural areas, or otherwise cannot access services in an office setting. Queen's therefore supports efforts to establish appropriate provider reimbursement for these telephonic services.

Queen's provides a number of telemedicine specialties in areas such as, but not limited to, stroke and neurology, psychiatry, wound care, and critical care; approximately 11.5% of physician-patient acute telehealth services are classified as telephonic. Telehealth modalities assist with connecting our four hospitals statewide and allow our health care professionals to provide care to patients in their local communities who may not access critical care otherwise. Since the start of the COVID19 pandemic, Queen's has made substantial investments in shifting to telehealth as a modality for providing quality care for our patients – including those requiring behavioral health services.

Furthermore, we strongly support efforts to ensure Hawai'i's telehealth statute remain nimble and able to adapt to new, diverse, and safe ways of delivering care to those with behavioral health needs and other chronic conditions.

Thank you for allowing Queen's to provide comments on SB 2645.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



The Hawaiian Islands Association for Marriage and Family Therapy
(HIAMFT)

We know systems. We know relationships.
We know FAMILY MATTERS.

COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

DATE: February 14, 2022 1:15 P.M. - VIA VIDEO CONFERENCE

Testimony in Strong Support of SB2645 RELATING TO BEHAVIORAL HEALTH SERVICES

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports SB2645, which allows the costs of mental health treatment administered via standard telephone contacts to be reimbursed by health insurance plans as a modality through which “telehealth” can be provided. While Telephonic Service is an essential tool in providing telehealth-based mental health treatment, audio-only treatment is particularly critical for providing access to care for the elderly, those in low-income areas, rural residents, and those with limited English proficiency.

While devastating to public health and our economy, the COVID 19 Pandemic has spurred revolutionary developments in telehealth. It is estimated that telehealth utilization had increased by over 300% to comply with social distancing protocols. The United States Department of Health and Human Services (DHHS) Assistant Secretary of Planning and Evaluation issued a policy brief¹ on February 2, 2022 highlighting the increased use of telehealth from 1% of visits to 80% in some high-prevalence areas during the initial outbreak peak from March – April 2020; and that Medicare telehealth utilization increased 63-fold between 2019 and 2020.

The wisdom of “necessity is the mother of invention” couldn’t be truer than with telehealth services. The efficiencies and improvements in patient health outcomes credited to remote treatment are unprecedented – and likely here to stay. Across the country multiple jurisdictions are making permanent many of the pandemic-prompted changes to the way health care is provided. However, certain measures have been necessary to assure access and connection to those who are otherwise out-of-reach from this quickly-advancing technology.

Here in Hawai’i, one such measure has already been successfully implemented through the Governor’s December 16, 2020 proclamation allowing for the use of standard telephone contacts for health care. Through talk therapy, mental health treatment (such as that provided by Marriage and Family Therapists) fits squarely into the type of service allowed coverage. SB2645 would simply make permanent this allowance for telephone contacts/audio-only treatment as a modality in mental health contexts – which by

¹ <https://aspe.hhs.gov/sites/default/files/documents/4e1853c0b4885112b2994680a58af9ed/telehealth-hps-ib.pdf>

many measures, has been found to be just as, and sometimes more effective², in the treatment of many behavioral conditions, such as behavioral group therapy for families and children in rural areas suffering from obesity³, children with disruptive behaviors⁴, and online parent programs⁵.

We also believe audio-only treatment is a critical measure in reaching vulnerable groups who do not have access to digital telehealth, either because they: lack of the financial means to obtain the necessary equipment or broad band service; live in rural and remote areas; do not have an adequate command of the English language to navigate the online platforms; or maybe because they are unfamiliar or uncomfortable using telehealth technologies, state governments are finding it necessary to ensure treatments provided through standard telephone contacts is covered by insurance plans.

The disparities presented by restricting audio-only telehealth is also well-researched and recognized by DHHS. The DHHS policy brief (entitled “[National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services](#)” reported:

“[O]ur study findings are consistent with research studies that show **disparities in audio-only vs. video- enabled telehealth modalities by race/ethnicity, age, education, income, and health insurance coverage**. In a recent survey study, patients with a household income of \$50,000 or more were 34 percent more likely to choose a telehealth visit than those making less than \$50,000. . . . Although research shows that video visits offer some additional benefits compared with telephone visits, they require more complex setup, video-enabled devices, and broadband internet access, which may present **barriers for older adults, lower income households, and those with limited English proficiency**. In addition to these factors, patients with lower incomes may be more likely to use audio-only services because they are at work during appointments or lack privacy at home. Consistent with these concerns, **we also found lower use of video-enabled telehealth services among adults with low-incomes and those without a high school degree.**”

Furthermore, it’s our understanding that CMS has adopted language tailored to mental health contexts to allow telephonic services -as a matter of equity and improved patient outcomes. We thus respectfully ask the State to also address the gaps in access and coverage recognized by CMS – namely due to economics, age, language, disability, residence, and/or patient and provider preference.

If audio-only/telephone contacts is good enough for Medicare, it is good enough for the private insurance available to Hawai’i residents.

² McLean, S. A., Booth, A. T., Schnabel, A., Wright, B. J., Painter, F. L., & McIntosh, J. E. (2021). Exploring the Efficacy of Telehealth for Family Therapy Through Systematic, Meta-analytic, and Qualitative Evidence. *Clinical Child and Family Psychology Review*, 24(2), 244–266. <https://doi.org/10.1007/s10567-020-00340-2>

³ Reports on Obesity Findings from University of Kansas Provide New Insights (Treating rural paediatric obesity through telemedicine vs. telephone: Outcomes from a cluster randomized controlled trial). (2016, April 23). *Pediatrics Week*, 345.

⁴ McGrath, P. J., Lingley-Pottie, P., Thurston, C., MacLean, C., Cunningham, C., Waschbusch, D. A., Watters, C., Stewart, S., Bagnell, A., Santor, D., & Chaplin, W. (2011). Telephone-Based Mental Health Interventions for Child Disruptive Behavior or Anxiety Disorders: Randomized Trials and Overall Analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(11), 1162–1172. <https://doi.org/10.1016/j.jaac.2011.07.013>

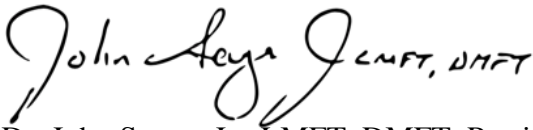
⁵ Day, J. J., & Sanders, M. R. (2018). Do Parents Benefit From Help When Completing a Self-Guided Parenting Program Online? A Randomized Controlled Trial Comparing Triple P Online With and Without Telephone Support. *Behavior Therapy*, 49(6), 1020–1038. <https://doi.org/10.1016/j.beth.2018.03.002>

We believe that by following the research and adding telephone contacts/audio-only treatment to the list of “telehealth” treatment modalities, Hawai’i residents will experience improved access to care and patient outcomes across all segments of our diverse population, but particularly our kupuna, low-income and rural residents, and those for whom English is not their primary language. It will also expedite timely service; remove any barriers to care presented by transportation, mobility, and/or technology; and will alleviate well-documented disparities stemming from systemic/institutionalized ageism, racism, etc.

Therefore HIAMFT strongly supports legislative action to ensure that time-tested modalities, like standard telephone conversations (equal in content, duration, and clinical outcomes as in-person or telehealth treatments) be made available to patients, and not precluded from insurance reimbursement. HIAMFT also supports efforts to ensure that insurance laws and regulations do not create unnecessary barriers to the provision of appropriate treatment within the clinical judgment of providers.

Thank you for the opportunity to provide this testimony in strong support.

Sincerely,

A handwritten signature in black ink that reads "John Souza, Jr., LMFT, DMFT". The signature is fluid and cursive, with the initials "J.S." being prominent.

Dr. John Souza, Jr., LMFT, DMFT, President

The Hawaiian Islands Association for Marriage and Family Therapy

Monday, February 14, 2022 at 1:15 PM
Via Video Conference

Senate Committee on Health

To: Senator Jarrett Keohokalole Chair
Rosalyn Baker, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **SB 2645 – Comments**
Relating to Access To Behavioral Health Services

My name is Michael Robinson, Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over seventy locations statewide with a mission of creating a healthier Hawai'i.

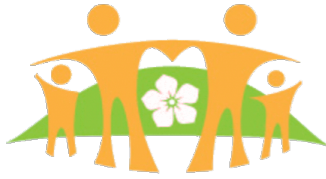
I am writing to provide comments on SB 2645 which permits Medicaid, insurance providers and health maintenance organizations to cover telephonic behavioral health services under certain circumstances.

Since 1999, the use and expansion of telehealth services and technology in Hawaii has been recognized as a strategy to increase patient access to healthcare by overcoming the geographic challenges across our state. Many of Hawaii's geographically access challenged patients reside in Medically Underserved Areas (MUA), are part of Medically Underserved Populations (MUP), or reside in federally designated health professional shortage areas. Elderly, as well as medically- and socially complex patients often face transportation barriers, limited broadband access and personal difficulty navigating the technological requirements of accessing traditional video telehealth care services. In these instances, telephonic communication becomes a viable alternative for many in these communities to overcome barriers enabling them to access healthcare remotely.

HPH supports the development of a provider reimbursement system that also incorporates reimbursement for telephonic services. The same barriers that pose challenges for patients to access behavioral health are often similar to the challenges we have experienced with our patients accessing acute care services (limited means to travel, poor or absent internet coverage, residence remote from care providers, infirm with limited mobility, immune compromise in the age of COVID, etc.). As a related example,

within HPH charges for telephonic services represent 12-15% of total charges for remote physician to patient acute care service charges indicating a need for telephonic services as an alternative care modality. In the absence of telephonic services being provided or available, these at-risk individuals would have had to resort to travel from their residence to clinics and emergency departments at great personal expense or choose to do without care guidance altogether. Therefore, we foster a telehealth environment in Hawaii that allows both patients today the ability to access behavioral health services remotely without unnecessarily foreclosing future opportunities to develop alternative reimbursement structures for other remote access modalities to flourish.

Thank you for the opportunity to testify.



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COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

DATE: February 14, 2022 1:15 P.M. - VIA VIDEO CONFERENCE

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While devastating to public health and our economy, the COVID 19 Pandemic has spurred revolutionary developments in telehealth. It is estimated that telehealth utilization had increased by over 300% to comply with social distancing protocols. The United States Department of Health and Human Services (DHHS) Assistant Secretary of Planning and Evaluation issued a policy brief¹ on February 2, 2022 highlighting the increased use of telehealth from 1% of visits to 80% in some high-prevalence areas during the initial outbreak peak from March – April 2020; and that Medicare telehealth utilization increased 63-fold between 2019 and 2020.

The wisdom of “necessity is the mother of invention” couldn’t be truer than with telehealth services. The efficiencies and improvements in patient health outcomes credited to remote treatment are unprecedented – and likely here to stay. Across the country multiple jurisdictions are making permanent many of the pandemic-prompted changes to the way health care is provided. However, certain measures have been necessary to assure access and connection to those who are otherwise out-of-reach from this quickly-advancing technology.

Here in Hawai’i, one such measure has already been successfully implemented through the Governor’s December 16, 2020 proclamation allowing for the use of standard telephone contacts for health care. Through talk therapy, mental health treatment (such as that provided by Marriage and Family Therapists) fits squarely into the type of service allowed coverage. SB2645 would simply make permanent this allowance for telephone contacts/audio-only treatment as a modality in mental health contexts – which by

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many measures, has been found to be just as, and sometimes more effective², in the treatment of many behavioral conditions, such as behavioral group therapy for families and children in rural areas suffering from obesity³, children with disruptive behaviors⁴, and online parent programs⁵.

We also believe audio-only treatment is a critical measure in reaching vulnerable groups who do not have access to digital telehealth, either because they: lack of the financial means to obtain the necessary equipment or broad band service; live in rural and remote areas; do not have an adequate command of the English language to navigate the online platforms; or maybe because they are unfamiliar or uncomfortable using telehealth technologies, state governments are finding it necessary to ensure treatments provided through standard telephone contacts is covered by insurance plans.

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Furthermore, it’s our understanding that CMS has adopted language tailored to mental health contexts to allow telephonic services -as a matter of equity and improved patient outcomes. We thus respectfully ask the State to also address the gaps in access and coverage recognized by CMS – namely due to economics, age, language, disability, residence, and/or patient and provider preference.

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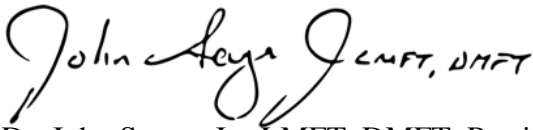
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We believe that by following the research and adding telephone contacts/audio-only treatment to the list of “telehealth” treatment modalities, Hawai’i residents will experience improved access to care and patient outcomes across all segments of our diverse population, but particularly our kupuna, low-income and rural residents, and those for whom English is not their primary language. It will also expedite timely service; remove any barriers to care presented by transportation, mobility, and/or technology; and will alleviate well-documented disparities stemming from systemic/institutionalized ageism, racism, etc.

Therefore HIAMFT strongly supports legislative action to ensure that time-tested modalities, like standard telephone conversations (equal in content, duration, and clinical outcomes as in-person or telehealth treatments) be made available to patients, and not precluded from insurance reimbursement. HIAMFT also supports efforts to ensure that insurance laws and regulations do not create unnecessary barriers to the provision of appropriate treatment within the clinical judgment of providers.

Thank you for the opportunity to provide this testimony in strong support.

Sincerely,

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Dr. John Souza, Jr., LMFT, DMFT, President

The Hawaiian Islands Association for Marriage and Family Therapy

COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

DATE: Monday, February 14, 2022
TIME: 1:15PM
PLACE: Via Videoconference

Testimony in Strong Support of SB2645 RELATING TO BEHAVIORAL HEALTH SERVICES

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports SB2645, which would authorize insurance reimbursement for telephonic behavioral services as “telehealth”.

As we pivoted to a socially distant way of life over the last few years, we've come to appreciate the breadth and utility of telehealth services. However, several members of our community are unable to avail themselves of these services because: they may not live in an area equipped with broadband coverage; they may lack the financial resources to purchase a smartphone, tablet, computer, or necessary bandwidth; or they may be elderly, disabled, and/or limited English proficient and cannot easily operate equipment requiring technological know-how or manual dexterity.

Allowing telephone contacts to qualify as telehealth will help immensely in meeting this gap in access to mental health services. Moreover, it is not new idea. In his emergency proclamation on December 16, 2020, Governor Ige suspended the restriction on the use of standard telephone contacts as telehealth; and it has shown to be profoundly successful in reaching many in need of mental health services. This measure would merely codify a proven and critical means of improving patient access and clinical outcomes - which shouldn't go away just because the exigencies of the pandemic that drove this innovation are waning.

As social workers, we feel it's necessary to highlight the disparities that result by limiting the use of telephone contacts in administering adequate health care was. This was a major focus in a recent policy brief issued by the United States Department of Health and Human Services (DHHS) entitled [“National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services,”](#) which reported:

*“[O]ur study findings are consistent with research studies that show **disparities in audio-only vs. video-enabled telehealth modalities by race/ethnicity, age, education, income, and health insurance coverage**. In a recent survey study, patients with a household income of \$50,000 or more were 34 percent more likely to choose a telehealth visit than those making less than \$50,000. . . . Although research shows that video visits offer some additional benefits compared with telephone visits, they require more complex setup, video-enabled devices, and broadband internet access, which may present **barriers for older adults, lower income households, and those with limited English proficiency**. In addition to these factors, patients with lower incomes may be more likely to use audio-only services because they are at work during appointments or lack privacy at*

home. Consistent with these concerns, we also found lower use of video-enabled telehealth services among adults with low-incomes and those without a high school degree.”

Furthermore, in a 2021 publication in JAMIA Open¹, researchers found:

“Amongst telehealth users, adjusted odds of video participation were significantly lower for those who were Black, American Indian, male, prefer a non-English language, have Medicaid or Medicare, or older. Seniors, non-English speakers, and Black patients were more reliant on telephone than video for care. The differences in telehealth adoption by vulnerable populations demonstrate the tendency toward disparities that can occur in the expansion of telehealth and suggest structural biases.”

The benefits of audio-only treatment in all healthcare contexts is clear and conclusive. Even more so in behavioral health, as talk therapy is the principal modality of through which positive patient outcomes result. Talk therapy can be just as effectively administered via telephone as it is via video. In fact, in many situations involving social anxiety and a patient’s reluctance to seek help in-person – due to structural, familial, or economic barriers (or during pandemic-imposed regulations on social gatherings) telephone contact is the only way of reaching those in dire need.

It’s also important to note the policy developments coming out of the DHHS Centers of Medicare and Medicaid Services (CMS). According to CMS’s 2022 Fee Schedule, telephone/audio-only treatment is now reimbursable for mental disorders and behavioral health treatments. If audio-only mental health treatment is allowed in taxpayer-funded health plans, it should also be allowed by private insurers.

NASW-HI believes access to quality mental health services should be streamlined. Allowing telephonic behavioral health treatment to qualify as “telehealth” is critical to our collective recovery from the chronic stressors presented by the pandemic. There is such great demand and such a limited supply of providers, we want to enable and bolster all the methods that can be employed in addressing Hawaii’s mental health needs. We thus support this proposal as it significantly improves access to quality mental health services – especially to our vulnerable populations. If they prefer and respond most favorably to treatment administered via the telephone, we should be removing barriers to such care.

Thank you for the opportunity to provide this testimony in support.

Sincerely,

 , MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawai’i Chapter

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8496485/>



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Health
Monday, February 14, 2022 at 1:00 p.m.

By

Jerris Hedges, MD, Dean and
Lee Buenconsejo-Lum, MD, FAAFP
Associate Dean for Academic Affairs & DIO, UH JABSOM
John A. Burns School of Medicine

And

Michael Bruno, PhD
Provost
University of Hawai'i at Mānoa

SB 2645 – RELATING TO ACCESS TO BEHAVIORAL HEALTH SERVICES

Chair Keohokalole, Vice Chair Baker, and members of the committee:

Thank you for the opportunity to present testimony today. The John A. Burns School of Medicine (JABSOM) **supports SB 2645** which permits, but does not require, Medicaid, insurance providers and health maintenance organizations to cover telephonic behavioral health services under certain circumstances.

Since 1999, the use and expansion of telehealth services and technology in Hawai'i has been recognized as a way to increase access and reduce delays to health care, particularly in rural areas of the state. Many of the highest-risk patients reside in Medically Underserved Areas (MUA), are part of Medically Underserved Populations (MUP), or reside in federally-designated health professional shortage areas. Telehealth via telephonic communication benefits many in these communities. Elderly, as well as medically- and socially-complex patients often face transportation barriers and difficulty navigating our collective system of health care. Patients with behavioral health issues are especially vulnerable and frequently require immediate attention. The inability of behavioral health and other patients to access the internet presents an even greater barrier to much needed health care.

One of the realities for Hawai'i is that many of those most in need of telephonic care (limited means to travel, poor or absent internet coverage, residence remote from care providers, infirm with limited mobility, immune compromise in the age of COVID, etc.) suffer the most from a lack of provider reimbursement for telephonic coverage. Without telephonic coverage, these at-risk individuals must travel from their residence to clinics and emergency departments at great personal expense or choose to do without care guidance altogether. SB 2645 is a positive step toward recognizing the value of telephonic health care services.

Thank you for the opportunity to provide testimony on this bill.



Testimony to the Senate Committee on Health
Monday, February 14, 2022; 1:15 p. m.
Via Videoconference

Regarding: Senate Bill Number 2645, RELATING TO ACCESS TO BEHAVIORAL
HEALTH SERVICES.

Dear Chair Keohokalole, Vice Chair Baker, and Honorable Members of the Senate
Committee on Health:

I am Gary Simon, immediate past president and a current board member of the Hawai'i
Family Caregiver Coalition. The mission of the Hawai'i Family Caregiver Coalition
(HFCC) is to improve the quality-of-life of those who give and receive care by increasing
community awareness of caregiver issues through continuing advocacy, education, and
training.

HFCC supports Senate Bill Number 2645, RELATING TO ACCESS TO BEHAVIORAL
HEALTH SERVICES, which would allow for standard telephone contacts for telehealth
purposes related to behavior health services.

Telephonic care is especially valuable for older people with limited mobility and for
those who live in rural areas, hours away from the nearest specialist.

We urge you to support SB 2645, and we urge you to recommend its passage.

On behalf of HFCC, I thank you for seriously considering the bill.

Very sincerely,

A handwritten signature in black ink that reads "Gary Simon".

Gary Simon
Hawai'i Family Caregiver Coalition
Email garysimon@hawaii.rr.com



2/12/22

Aloha, Chair Keohokalole and Members of the Senate Health Committee:

I am testifying in strong support of SB2645. The COVID emergency proclamations which allowed the use of standard telephone contacts to qualify as "telehealth" has enabled health care providers and patients to connect in necessary and life-saving ways. The availability of insurance reimbursement for telehealth provided through standard telephone contacts has greatly increased access to care for vulnerable populations, including the elderly, low-income, medically- and socially-complex patients, and those in rural areas who do not have the broadband capabilities, electronic equipment, financial means, transportation options, or technological proficiency to operate sophisticated digital video conferencing software. This bill also avoids problems with devices, internet, sufficient bandwidth, power and battery charging capabilities, and digital literacy.

With all the hardships related to prolonged familial, work, social, and economic stressors brought on by the pandemic, the demand for mental health services has never been so high.

Research has found standard telephone contacts to be an effective, viable means for providing timely mental health services to patients. Research also shows that people of color, people with lower incomes and education, non-English speakers, and seniors are more reliant on telephone than video for care.

Please pass SB2645 as an important measure to improve access to quality mental health services when Hawaii needs it most.

Thank you for this opportunity to provide this testimony.

Aloha, Ms. Joy Quick, MA, LMFT, CSAC

SB-2645

Submitted on: 2/13/2022 11:02:36 AM

Testimony for HTH on 2/14/2022 1:15:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Christine Martinez-Suzukawa	Testifying for HIAMFT	Support	No

Comments:

Aloha, Chair Keohokalole and Members of the Senate Health Committee:

I am testifying in strong support of SB2645. The COVID emergency proclamations which allowed the use of standard telephone contacts to qualify as "telehealth" has enabled health care providers and patients to connect in necessary and life-saving ways. The availability of insurance reimbursement for telehealth provided through standard telephone contacts has greatly increased access to care for vulnerable populations, including the elderly, low-income, medically- and socially-complex patients, and those in rural areas who do not have the broadband capabilities, electronic equipment, financial means, transportation options, or technological proficiency to operate sophisticated digital video conferencing software. This bill also avoids problems with devices, internet, sufficient bandwidth, power and battery charging capabilities, and digital literacy.

With all the hardships related to prolonged familial, work, social, and economic stressors brought on by the pandemic, the demand for mental health services has never been so high.

Research has found standard telephone contacts to be an effective, viable means for providing timely mental health services to patients. Research also shows that people of color, people with lower incomes and education, non-English speakers, and seniors are more reliant on telephone than video for care.

As a mental health practitioner in private practice, there have been numerous times when a client's video was disrupted or they had poor/no wifi signal and we were unable to continue the session because insurance would not cover a telephone only session. This is a terrible disruption for the therapeutic alliance and can prevent much needed services. The elderly and people of color are also less likely to have access to video platforms thus prohibiting mental health access which is discriminatory and limits access to our most vulnerable populations.

Please pass SB2645 as an important measure to improve access to quality mental health services when Hawaii needs it most.

Thank you for this opportunity to provide this testimony.

Aloha,

Christine Martinez-Suzukawa, LMFT

Licensed Marriage & Family Therapist

Maui, HI



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

SENATE COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

Date: February 14, 2022
From: Hawaii Medical Association
Will Scruggs MD
Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

**Re: SB 2645: Telehealth; Behavioral Health Services; Standard Telephone
Contacts; Insurance
Position: Support**

The Hawaii Medical Association (HMA) supports SB 2645. Payment for audio only health services increases access to care, particularly for the elderly, the underserved, and patients in rural areas with limited internet access.

Physicians have rapidly adopted telemedicine technologies to better serve our population. Experience shows that many patients, due to limited understanding and/or access to technology and internet services, prefer audio only interaction. Expanding audio-only telemedicine services holds special promise in improving access to behavioral health issues where visual and physical examinations are often less important in providing care. Further, the time and staffing resources physicians put into telephone visits with patients is on par with video visits.

Payment parity for audio-only telemedicine care is fair and appropriate. This will increase access to care, improve health, and in doing so, reduce long term costs.

Thank you for allowing Hawaii Medical Association to testify in support of this measure.

REFERENCES

Volk J et al. States' Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations. The Commonwealth Fund. [Commonwealthfund.org. June 23 2021.](https://www.commonwealthfund.org/publications/issue-briefs/2021/june/states-actions-to-expand-telemedicine-access-during-covid-19-and-future-policy-considerations)

O'Reilly KB. Amid pandemic, CMS should level field for phone E/M visits. [Ama-assn.org. Apr 20, 2020.](https://ama-assn.org/practice-management/telehealth/2020/04/20/ama-assn-should-level-field-for-phone-em-visits)

State Telehealth Laws and Reimbursement Policies Report, Fall 2021. [CCHPCA.org. October 2021.](https://www.cchpca.org/2021/10/20/state-telehealth-laws-and-reimbursement-policies-report-fall-2021)

HMA OFFICERS

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



**Testimony to the Senate Committee on Health
Monday, February 14, 2022; 1:15 p.m.
Via Videoconference**

RE: SENATE BILL NO. 2645, RELATING TO ACCESS TO BEHAVIORAL HEALTH SERVICES.

Chair Keohokalole, Vice Chair Baker, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS THE INTENT** of Senate Bill No. 2645, RELATING TO ACCESS TO BEHAVIORAL HEALTH SERVICES.

By way of background, the HPCA represents Hawaii's FQHCs. FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would specify that "standard telephonic contacts not constitute a telehealth service except for behavioral health services pursuant to section 453-1.3(h), Hawaii Revised Statutes (HRS), and apply to Medicaid (Chapter 346, HRS), accident an health or sickness insurance contracts (Article 10A of Chapter 431:10A, HRS), benefit societies (Article 1 of Chapter 432, HRS), and health maintenance organizations (Chapter 432D, HRS).

Section 453-1.3(h), HRS, states"

". . . Reimbursement for behavioral health services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. . . "

Thus, because this section is in Chapter 453, HRS, entitled, "Medicine and Surgery", it would appear that the provisions of this bill would apply solely to physicians and not to other health care professionals.

Testimony on Senate Bill No. 2645

Monday, February 14, 2022; 1:15 p.m.

Page 2

For people with adequate broadband access, telehealth was intended to be a lifeline for the provision of essential primary health care services. Yet, because rural and underprivileged communities lack adequate broadband access, they are effectively cut off from primary care. Many are forced to bear their maladies until it became necessary to go to the emergency room.

During the COVID pandemic, we learned how effective the use of standard telephone contact in telehealth was. For many in very isolated communities, the poor, and especially for our kupuna who are not as technologically advanced as their keiki, the landline telephone was a lifeline to primary health care providers.

Our member FQHCs can attest to how effective standard telephonic contact was in the provision of primary care and behavioral health to their patients, especially when the State and counties issued restrictions on the number of patients who could enter waiting areas and examination rooms. As we stated in our testimony in 2020 and 2021, telephonic telehealth has always been used as the option of last resort for primary care, and I'm sure that the MedQUEST Division can confirm this through its actuarial data of loss costs. HPCA's concern has always been and continues to be the accessibility of primary care for ALL patients.

The HPCA also notes that recent developments in Medicare might provide an alternative approach that appears to be less problematic from both a policy and a drafting perspective.

On November 2, 2021, the Centers for Medicare and Medicaid Services (CMS) released its 2022 Medicare Physician Fee Schedule Final Rule. This regulation added certain services to the Medicare telehealth services list through December 31, 2022. "Category 3" services that were added to the Medicare services list for the duration of the federal public health emergency (PHE), which would have otherwise been removed after the PHE ended, will remain on the telehealth service list through the end of calendar year 2023.

Beyond the expanded service list, CMS amended the definition of "interactive telecommunications system" to include audio-only communications technology when used for telehealth services for the diagnosis, evaluation, or treatment of mental health disorders furnished to established patients in their homes under certain circumstances. Generally, however, other services on the Medicare telehealth services list, unless specifically excepted, must still be furnished using audio and video equipment permitting two-way, real-time interaction communication.

This Committee may want to consider the inclusion of a definition for "interactive telecommunications system" that provides the basic requirements applicable for audio-only communications, and then allow MedQUEST to amend the specifics pertaining to health care providers, as they deem it necessary, and subject to inclusion into the State Medicaid Plan and approval by CMS.

Testimony on Senate Bill No. 2645

Monday, February 14, 2022; 1:15 p.m.

Page 3

If similar language was applied to accident and health or sickness insurance contracts (Article 10A of Chapter 431:10A, HRS), benefit societies (Article 1 of Chapter 432, HRS), and health maintenance organizations (Chapter 432D, HRS), the same benefit would be applicable to ALL consumers. Specific concerns could also be addressed through rulemaking by the Insurance Commission for these chapters.

However, it would appear that the title of this bill is too narrow to take that kind of approach. Because of this, your Committee may want to consider using a short form bill for this purpose.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Keohokalole, and members of the Senate Health Committee

From: Dr. Marva Lawson, Legislative Committee Chair, Hawaii Psychiatric Medical Association

Date: 1:15 p.m. Monday, February 14, 2022

Re: S.B. 2645, Relating to Access to Behavioral Health Services

Position: SUPPORT WITH COMMENTS

Hawaii Psychiatric Medical Association (HPMA) is in support of this measure and recognizes the value telehealth brings to patient care in allowing clinicians to deliver telehealth without an in-person consultation or a prior existing physician-patient relationship.

Many patients lack ready access to broadband and/or technological advancements in their homes. While services delivered through audio-only technology are not our first choice when providing care, we recognize it is a vitally important tool to ensure continuity of care to vulnerable patients. Even before the crisis, 41% of Hawai'i's adults reported having a serious mental illness that went untreated, while nearly 70% of adolescents reported having a major depressive episode that went untreated. A recent Department of Health Covid 19 Tracking study also stated, "roughly four in five (82%) respondents admit to suffering from some form of mental health issue over the course of the pandemic."

We are encouraged that telehealth expansion during the health crisis has enabled many individuals to receive much-needed treatment for mental health and substance use disorders, some for the first time. The changes were necessary to comply with stay-at-home orders and preventive measures. Hawai'i psychiatrists quickly adapted to telehealth. No-show rates significantly decreased; with patients no longer having to leave their homes to access care. Some reported a no-show rate of 0%. For older patients who cannot use video software and patients who lack broadband access or technology for video-only, the current ability to reach patients solely over the telephone has been critical to ensuring continuity of care. These changes have also allowed many clinics and practices to stay open when they may have otherwise been forced to close down.

HPMA supports several telehealth measures currently moving through the Hawaii Legislature, with the focus being on best practices in ensuring patient safety. It is important to maintain quality and safety standards while expanding access through telehealth services.

Thank you for consideration of our testimony, we are available to provide additional information or answer any questions the committee may have.



DATE: 13 Feb 2022

TO: Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Senate Committee on Health

RE: **Testimony in Strong Support of SB 2645, RELATING TO ACCESS TO BEHAVIORAL HEALTH SERVICES**

HRG: 14 Feb 2022, 1:15 PM via Videoconference

Dear Chair Keohokalole, Vice Chair Baker, and Members of the Committees,

The Hawai'i Public Health Association (HPHA) is a group of over 450 community members, public health professionals, and organizations statewide dedicated to improving public health. Our mission is to promote public health in Hawai'i through leadership, collaboration, education and advocacy. Additionally, HPHA aims to call attention to issues around social justice and equity in areas that extend beyond the traditional context of health (e.g., education, digital equity, cultural sensitivity), which can have profound impacts on health equity and well-being. Therefore, as stewards of public health, HPHA is also advocating for equity in all policies.

We are providing this testimony in **strong support of SB 2645**, which seeks to allow for standard telephone contacts for telehealth purposes related to behavior health services. This bill will ensure that our community has long-term access to patient-centered behavioral health services that meet patients where they are at. The evidence is clear that the COVID pandemic has caused undue emotional burden and distress on many in our community, and there has been an increase in mental health concerns. With talk therapy being a main component of behavioral health services, the ability to connect to compassionate behavioral health in the least restrictive and least burdensome way, via telephone, can have a significant impact on behavioral health outcomes in our community.

The people of Hawai'i deserve safe, timely, and easy to access behavioral health services. The ability to bill insurance for telephone visits for behavioral health services will benefit vulnerable population and help to reduce disparities in behavior health outcomes. Example of vulnerable population include kūpuna and those living in remote communities where technology needed for video telehealth may be limited. Additionally, for adolescents, who may be reluctant to engage in face to face communication, telephone communication creates a safe place to discuss sensitive topics. HPHA is a strong advocate for policies that work to ensure equity, and providing safe and easy access to behavioral health care contributes to this goal.

We support SB 2645 and respectfully ask that you pass this measure. Thank you for the opportunity to provide testimony on this important public health issue affecting members of our community.

Sincerely,

J. Leocadia Conlon, PhD, MPH, PA-C
Legislative Committee Chair
Hawai'i Public Health Association



February 14, 2022 at 1:15 pm
Via Videoconference

Senate Committee on Health

To: Chair Jarrett Keohokalole
Vice Chair Rosalyn H. Baker

From: Paige Heckathorn Choy
Associate Vice President, Government Affairs
Healthcare Association of Hawaii

Re: Submitting Comments
SB 2645, Relating to Behavioral Health Services

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

We write today with **comments** on this measure, which seeks to allow reimbursement for telephonic behavioral health services. We appreciate the intent of this legislation to expand access to critical mental and behavioral health services, especially as we grapple with the lasting effects of the pandemic. We know that, globally, this pandemic has caused immense stress and anguish for many, including healthcare workers. Polling has shown the mental and physical toll this crisis has taken on healthcare professionals, especially front-line staff such as nurses, have suffered during this extended crisis. According to a survey carried out by Mental Health Americaⁱ, nearly all healthcare workers (93%) reported experiencing stress, with a large share (76%) experiencing exhaustion and burnout. The predominant worry that these healthcare workers shouldered was exposing children, spouses, partners, and older adult family members to the disease. This stress manifested in trouble with sleep, work-related dread, physical exhaustion, compassion fatigue, and questioning their career path.

We understand that there are efforts at the federal level to expand access to mental health services through telephonic means, and that Medicare is considering how best to use technology and telehealth to provide clinically-indicated, high-quality care. Hawaii has long been at the forefront of innovation in the telehealth space, and we appreciate the legislature's continued focus on how best to provide meaningful care and access to all residents with appropriate guardrails in place. Thank you for the opportunity to share our comments and to continue dialogue on this important matter.

ⁱ <https://mhanational.org/mental-health-healthcare-workers-covid-19>

SB-2645

Submitted on: 2/12/2022 11:45:32 AM

Testimony for HTH on 2/14/2022 1:15:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Judith White	Testifying for Kauai Integrative Therapies	Support	No

Comments:

Mental health services via telephone is used by a significant portion of clients who are covered by insurance. This was true prior to the pandemic, but is especially true now. Access to and use of, mental health care via telephone only, will be seriously and negatively impacted if this bill fails. Please pass!

Judith C. White, Psy. D.
Kauai Integrative Therapies

Helping Hawai'i Live Well

Testimony to the Senate Committee on Health
Monday, February 14th, 2022, 1:15 p.m.
Via videoconference

SB2645, Relating to Access to Behavioral Health Services

Dear Senator Keohokalole, Chair, and Senator Baker, Vice Chair, and members of the Senate Committee on Health:

Mental Health America of Hawaii is in **strong support of SB2645**, which allows for standard telephone contacts for telehealth purposes related to behavior health services.

Mental Health America of Hawai'i (MHAH), an affiliate of the renowned national organization, is a highly regarded 501(c)(3) non-profit organization serving the State of Hawai'i. For nearly 80 years, MHAH has been fulfilling its mission "to promote mental health & wellness through education, advocacy, service, and access to care" through its vision of 'mental wellness for all.' We endeavor to reduce the shame and stigma of mental illness and improve the overall care, treatment, and empowerment of those with or at risk for mental health challenges across all stages of life in Hawai'i.

The passage of SB2645 can make tremendous gains towards improving access to essential care, reducing the impact of the social determinants of health, and reduces health inequities. This is particularly true for those impacted by cultural, geographical, and technological barriers; socioeconomic status; medically and socially complex patients; and isolation who would otherwise not be able to receive care. While these barriers predate the pandemic, the COVID emergency proclamations, which allow standard telephone contacts to qualify as "telehealth," has significantly increased access to essential mental health services.

Considering the above, MHAH is in strong support of SB2645 and we encourage your positive review of this measure. We appreciate the opportunity to provide you this testimony and are grateful for your commitment to the overall mental wellbeing of the people of Hawai'i.

Mahalo,



Bryan L. Talisayan
Executive Director



**WAIANAE COAST
COMPREHENSIVE
HEALTH CENTER**
www.wcchc.com

**Testimony to the Senate Committee on Health
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair**

Monday, February 14, 2022, 1:15pm

RE: SENATE BILL 2645: RELATING TO ACCESS TO BEHAVIORAL HEALTH SERVICES

My name is Stephen Bradley, MD, and I am the Chief Medical Officer of the Waianae Coast Comprehensive Health Center. **I am testifying in support of Senate Bill No. 2645 RELATING TO ACCESS TO BEHAVIORAL HEALTH SERVICES to allow standard telephone contacts for telehealth purposes related to behavioral health services.**

A telephonic option is a health lifeline for many that we serve at our Health Center for primary care and behavioral health services.

With the advent of the COVID pandemic in our islands, it drastically changed the way primary care and behavioral health is delivered to the most vulnerable among our population. Restrictions on mass gatherings, the necessity (and often lack of) personal protective equipment, the need to reconfigure examination and waiting area facilities has made it even more difficult for patients in rural and underprivileged communities to access health care and fear of contagion has worsened this dire situation.

Telehealth rapidly expanded as a means to assure the provision of proper continuing care to patients, allowing them to consult with their health care providers, review test and referral results or order such, perform necessary counseling, and maintain surveillance and therapy. However, not everyone has access to smart phones and broadband service to utilize telehealth as it was intended, especially in underserved areas such as ours.

In practice, a sizeable number of our adult population has no computer in the home and is limited to a land line for communication. Through the power of the Electronic Medical Record, a telephonic visit is not a mere conversation, but a gateway to the full services of the Health Center which allows a marked expansion of the capacity for care even with this modest technology. Our health center has been carefully notating the exact causes of why a televideo encounter is not possible and the results are illuminating. Of patients attempting to access a televideo encounter, the reasons and percent of patients unable to have a successful encounter include the following:

- Patient does not have a camera enabled device (16%)
- Patient does not know how to use video app (7%)
- Patient has no internet access (7%)
- Patient has poor internet connectivity (42%)

Because of this, both the federal and state governments have suspended statutory prohibitions on the use of standard telephonic service in telehealth during the COVID pandemic. This has provided a lifeline for many of our most vulnerable citizens. We have found our Kupuna greatly rely on telephonic service to consult with their health care providers due to their lack of familiarity with computers and smart phones and our behavioral health patients are very comfortable and compliant in keeping their appointments. The opportunity to use this modality has certainly prevented numerous unnecessary Emergency Department visits, and, even more importantly, hospitalizations for avoidable reasons.

While we await the day for fully universal broadband access across our State, we support this bill to ensure that these vulnerable populations will be able to continue to utilize telehealth services via standard telephonic contact even after the end of the public health emergency, with the myriad of advantages outlined above. It is unthinkable, and even discriminatory, to deprive our most vulnerable patients of the comfort of being able to receive care through the technology available to them.

On behalf of the staff and patients of the Waianae Coast Comprehensive Health Center, we urge your support for this important bill so that further discussions can take place towards a resolution to meet the needs of vulnerable populations.

SB-2645

Submitted on: 2/11/2022 2:39:17 PM

Testimony for HTH on 2/14/2022 1:15:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Kaycie	Individual	Support	No

Comments:

Aloha chair, vice chair, and committee members,

I **support** Senate Bill No. 2645, Relating to Access to Behavioral Health Services.

The bill received by your committee, would allow for standard telephone contacts for telehealth purposes related to behavior health services.

The importance of expanding the use of standard telephone contacts to the definition of telehealth cannot be overlooked, particularly given the great increase it has had on providing access to care for vulnerable populations.

In addition to the high demand for mental health services, we're seeing growing comfort with telehealth, giving many individuals who may not have sought behavior health services in the past an opportunity to receive care.

Thank you for the opportunity to submit testimony.

SB-2645

Submitted on: 2/12/2022 5:42:37 PM

Testimony for HTH on 2/14/2022 1:15:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Melanie Van der Tuin	Individual	Support	No

Comments:

As a therapist working for a local nonprofit, I have been able to serve many clients during these last two years whom I previously would not have been able to support. This is a direct result of COVID-19 measures allowing for provision of behavioral health services by phone--which has been the sole technology available to many client populations that depend on my agency for therapy. Among my clients unable to attend a Zoom session have been kupuna with no computers or understanding of how to download Zoom to their phones (and no grandchildren to teach them)--and kupuna who only had old flip phones or landlines. I have also had a number of homeless clients, victims of domestic violence, and clients from remote areas with no access to technology, wifi, privacy, and/or transportation, whose only safe means to attend therapy was to go on a walk while talking to me on the phone. Currently I work with a victim of child abuse whose foster family lives on the Leeward Coast and who relies on state transport to come to in-person sessions; when transport is unavailable--as is often the case--our only option to hold a session is to speak on her resource caregivers' landline. Failure to continue providing this much-needed therapeutic lifeline for our most vulnerable residents would be an unconscionable failure on the part of those who have the power to ensure it. Please support this bill to enable us to continue providing crucial mental-health services not just to clients with reliable transportation or a laptop or smartphone (and the technical ability to access Zoom)--but to all of our fellow Hawaii residents.

Lesley A. Slavin, Ph.D.
317C Olomana Street
Kailua, HI 96734

COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

DATE: February 14, 2022 1:15 P.M. - VIA VIDEO CONFERENCE

Testimony in Strong Support of SB2645 RELATING TO BEHAVIORAL HEALTH SERVICES

I want to voice my strong support for SB2645. This measure would allow for the use of standard audio-only telephone contacts as telehealth in providing mental health treatment and would require insurance reimbursement for mental health services utilizing this modality. It would permanently put in place a policy that has already been implemented during the pandemic and has proven significantly to improve access to quality mental health care for several vulnerable populations – including the elderly, the economically disadvantaged, limited English proficient, and rural residents who cannot utilize video-base telehealth, and for whom traveling to an in-person visit is challenging.

It is well-established in the research literature that behavioral health services administered over the telephone is not only as effective, but sometimes *more* effective than face-to-face therapy. For example, in one study published in Clinical Psychology: Science and Practice (v15 n3, September 2008), researchers concluded that: “***telephone-administered psychotherapy can produce significant reductions in depressive symptoms. Attrition rates were considerably lower than rates reported in face-to-face psychotherapy.***” Implementation of wide-spread telephone-only mental health services in Hawai‘i proved to be quite successful during the pandemic, and this should be continued.

I urge the committee to pass this legislative action to ensure that reliable tools, such as the standard telephone, are utilized; and that necessary treatment is available to everyone out of reach of more advanced technology. Moreover, meeting the mental health needs of our most vulnerable is an important proactive, preventative public health measure – saving untold resources the state would expend managing more costly societal symptoms.

Thank you for the opportunity to provide input on this important bill.

Sincerely,



Lesley A Slavin, Ph. D.
Hawai‘i Licensed Psychologist
Kailua, HI

SB-2645

Submitted on: 2/13/2022 10:52:12 AM

Testimony for HTH on 2/14/2022 1:15:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Erik K. Abe	Individual	Support	No

Comments:

I am representing the Hawaii Primary Care Association. When I submitted the written testimony, I forgot to click that I would be delivering it in person. My apologies for that mistake.

E

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator Jarrett Keohokalole, Chair of the
Senate Committee on Health

From: Hawaii Association of Professional Nurses (HAPN)
Subject: SB2645 – Relating to Access to Behavioral Health
Services

Hearing: February 14, 2022, 1:15p.m.

Aloha Senator Keohokalole, Chair; Senator Baker, Vice Chair, and Committee Members,

Thank you for the opportunity to submit testimony regarding SB2645. HAPN is in **Support** of finding ways to make mental health care services easier by breaking down barriers to accessing this care. Patient initiated telephonic care has been an important part of the Covid-19 pandemic.

As APRNs we know that when our patients' mental healthcare is managed well, they are more likely to manage their medical care and chronic disease management. This bill would improve mental health access to care for several vulnerable groups such as elderly, those who are economically disadvantaged, and rural populations. We also know that CMS has included telephonic care for mental health services in their 2022 Physician Fee Schedule with specific requirements on how to meet these needs.

HAPN's mission, to be the voice of APRNs in Hawaii, has been the guiding force that propelled us to spearhead the advancement of patients' access to healthcare as well as supporting the recognition of the scope of practice for APRNs in Hawaii which led us to full practice authority. We have worked to improve the physical and mental health of our communities. As our ability to provide close care with our patients progressed, we also opened up our own clinics to provide the care our patients deserve.

Thank you for the opportunity to share the perspective of HAPN with your committee. Thank you for your enduring support of the nursing profession in the Aloha State.

Respectfully,
Dr. Jeremy Creekmore, APRN
HAPN President

Dr. Bradley Kuo, APRN
HAPN Legislative Committee, Chair
HAPN Past President



To: The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice-Chair
Senate Committee on Health

From: Peggy Mierzwa, Community & Government Relations, AlohaCare

Hearing: Monday, February 14, 2022

RE: **SB2645 Relating to Behavioral Health Services**

AlohaCare appreciates the opportunity to comment **SB2645** Relating to Behavioral Health Services. This measure would allow for the use and reimbursement of standard telephone contacts for telehealth purposes by mental health professionals.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 80,000 Medicaid and dual-eligible health plan members on all islands. We are the only health plan in Hawaii that exclusively serves Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person care.

The need for behavioral health services delivered by audio only is at an all-time high due to the COVID-19 pandemic and provider shortages, especially on neighbor islands. This bill allows for medically necessary behavioral health counseling to take place between a patient and a provider via the telephone and for the provider to receive reimbursement at parity for that session. Telephonic only services have been proven to be an effective and useful tool and is now permanently eligible for Medicare reimbursement for established patients.

Consistent with the Medicare physician fee schedule for audio only behavioral health services, we favor a reimbursement structure with different rates for different modalities: in-person, audio/visual telehealth, and audio-only visits. We believe the patient's treating provider is in the best position to determine the appropriate mode of care delivery for their patient's unique needs, including audio only behavioral health services.

Mahalo for this opportunity to comment on SB2645

1357 Kapiolani Blvd., Suite 1250, Honolulu, Hawaii 96814

Call: 973-0712 • Toll-free: 1-877-973-0712 • Fax: 808-973-0726 • www.AlohaCare.org

LATE

Testimony of
Jonathan Ching
Government Relations Director

Before:
Senate Committee on Health
The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair

February 14, 2022
1:15 p.m.
Via Videoconference

Re: SB 2645, Relating to Telephonic Services

Chair Keohokalole, Vice Chair Baker, and committee members, thank you for this opportunity to provide testimony on SB 2645, which permits, but does not require, Medicaid, insurance providers, and health maintenance organizations to cover telephonic behavioral health services under certain circumstances.

Kaiser Permanente Hawai'i provides the following COMMENTS on SB 2645.

Kaiser Permanente Hawai'i is Hawai'i's largest integrated health system that provides care and coverage for approximately 265,000 members. Each day, more than 4,400 dedicated employees and more than 650 Hawai'i Permanente Medical Group physicians and providers come to work at Kaiser Permanente Hawai'i to care for our members at our 20 medical facilities, including Moanalua Medical Center, providing high-quality care for our members and delivering on our commitment to improve the health of the 1.4 million people living in the communities we serve.

Since the COVID-19 pandemic began in 2020, the use of telehealth in Hawai'i has dramatically increased as telehealth has been critical to limit the risk of person-to-person transmission while helping to avoid overwhelming our healthcare facilities. While Kaiser Permanente Hawai'i was already providing high-quality care through telehealth modalities, we saw a dramatic increase in the use of telehealth visits between 2019 and 2020. In 2019, approximately 1,000 of our outpatient visits were done as video visits and 458,000 as telephone visits. In stark contrast, in 2020, approximately 67,000 video visits were performed and 777,000 telephone visits. In 2021, approximately 84,000 video visits were performed and 700,000 telephone visits. We expect this number to continue to increase in 2022 in response to the ongoing pandemic and surges fueled by variants such as Omicron.

Kaiser Permanente Hawaii utilizes audio-only telephone visits as a modality to provide access to high-quality care, including our integrated behavioral health department, as part of our integrated

approach to care delivery, and we believe this modality is important to offer for individuals who do not have access to, or may not be comfortable using, video conferencing technology. Therefore, we support the inclusion of audio-only telephone visits as part of the definition of “telehealth.” **We recognize that costs associated with different types of visits can vary substantially and we urge the legislature to take an equity approach to reimbursement rather than requiring all audio-only telephone visits to be paid at parity with in-person visits.** This approach accounts for the provider’s time and resources as well as the relative equivalency to in-person care and allows us to continue to leverage telemedicine as a strategy to make health care more affordable.

While we support the inclusion of audio-only telephone as part of the definition of “telehealth” for behavioral health services and support appropriate payment for all telehealth modalities, given that the costs associated with different types of visits/encounters can vary substantially, **we do not support mandating that all telehealth modalities for behavioral health services including standard telephone contacts, facsimile transmissions or email text be reimbursed at parity with in-person visits.**

Mahalo for the opportunity to testify on this important measure.

LATE

SB-2645

Submitted on: 2/13/2022 3:50:07 PM

Testimony for HTH on 2/14/2022 1:15:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Christopher Gettman	Testifying for Self Help Hawaii, LLC	Support	No

Comments:

Aloha dear Chair Keohokalole and our esteemed Members of the Senate Health Committee:

My name is Christopher Gettman, (MFT 413) and for the past 15 years, have provided counseling support as a Behavioral Health Specialist for the DOE as well as providing counseling through my practice, Self Help Hawaii, LLC, for many of our vulnerable members of our community, including veterans, addicts, residentially challenged, special needs, survivors of domestic violence etc. I am testifying in strong support of SB2645. Fortunately, the COVID emergency proclamations which allowed the use of standard telephone contacts to qualify as "telehealth" has significantly enabled us providers to better serve our patients - especially the elderly who have difficulty with technology/transport to the office and loneliness is one of the top risks to mortality. My patients feel more connected now that they know I am available. Also, my patients who are in crisis/stabalization mode, can receive helpful/life-saving support as they can send SMS check-ins, contact crisis lines, and connect with other life-saving supports. Currently my patients still face COVID-related stressors (ie. job loss, significant reduction in hours, etc) that will continue for years to come and impacting our younger generations as well. Hawaii also does not as many resources as our mainland counterparts. For example, a 20 year old suicidal client of mine was baffled why she called the Hawaii Cares Crisis Line and was on hold as well as going to one of our major hospitals and discharged after a few hours. She now feels connected, thanks in part to a group phone tree including positive supports such as her father. As the family is the fabric of our close knit society of support - why cut the fiber-optic thread of telehealth as mental health demands continue to rise?

Your understanding is much appreciated.

Christopher Gettman, LMFT

Self Help Hawaii, LLC

Connecting the resources within and around us.

LATE

SB-2645

Submitted on: 2/13/2022 6:33:44 PM

Testimony for HTH on 2/14/2022 1:15:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Sherrie Takushi-Isara	Testifying for Sherrie M Takushi, Psy.D.	Support	No

Comments:

Dear Sir and/or Madam,

I am writing in support of SB2645 as I have observed a significant benefit to many of my clients who were unable to utilize video-based services due to low broadband, lack of technological experience, or lack of internet services. Many of these clients are already significantly marginalized due to permanent disability, poverty, or age. The ability to utilize phone (audio) telehealth services during the pandemic ensured continued access to mental health services, which would have otherwise been interrupted. As such, the minimal impact on the status of their mental health was observed and their impact on the "system" was minimal. Because several of my clients are permanently disabled due to mental illness, a potential interruption in services could have resulted in an increased reliance on crisis-related services, hospitalization, and emergency room visits. The ability to access mental health services via telephone allowed these clients to maintain connectness and continued access to their treatment provider throughout the pandemic.

Prior to the pandemic, many of these clients also demonstrated difficulty in attending regularly scheduled sessions due to lack of transportation, frequent illness, and lack of financial resources to catch the bus or pay for the handivan. As such, their attendance was often inconsistent. Since they have been allowed to access services via audio-only means, they consistently attend their appointments. The rate of no show/late cancellations improved significantly with this population, an incidental outcome that hopefully results in attracting more interest from providers who were reluctant to work with these populations due to inconsistent attendance.

I humbly ask that you considers these factors when making your decision to vote on this matter. Thank you for your time and consideration.

Sincerely,

Sherrie M Takushi-Isara, Psy.D., ABPP

SB-2645

Submitted on: 2/13/2022 2:11:22 PM

Testimony for HTH on 2/14/2022 1:15:00 PM

LATE

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Naomi Bikle	Individual	Support	No

Comments:

As a psychiatrist on the Big Island, I support this measure. Thank you for your consideration.

LATE

To: The Honorable Senator Jarrett Keohokalole, Chair Senate Committee Health.

From: Richanda Avilla Berdon (MSW Student) Thompson School of Social Work.

Subject: **SB2645 SD1- RELATING TO ACCESS TO BEHAVIOR MENTAL | HEALTH SERVICES.**

Hearing: Monday, February 14, 2022 TIME: 1:15 P.M.
Via Videoconference

Position: SUPPORT

Aloha e The Honorable Senator Jarrett Keohokalole and Chair Senate Committee Health. My name is Richanda Avilla Berdon, I am a Graduate Social Work student with a specialization in Behavioral Mental Health. I am also a full time Emergency Shelter Clinical Case Manager as well as an on call Youth care worker. I work with two of the most vulnerable population which are children and the houseless population, many who are diagnosed with dual diagnosis. I am testifying in favor of SB 2645 SD1, Relating to access to Behavior Mental Health Services. I am in favor because many of my clients I work with benefit from telehealth. The populations I work with range from the ages of 4 years to 66 years old and have received services such as telehealth services which take place weekly, bi- weekly and even monthly which have helped to support my clients mental health. If my client was not able to access telehealth services especially during a time when anxiety, depression and stress is at a peak. I would predict suicidal and homeicail idetiaion would rise even higher then it already is. My clients have confined to me the benefits they have from being able to communicate with their Physicians during this pandemic. Another important factor to why I am 100% in support of this bill is because of the youth I work with as an on-call position. I work with minors who are in care and waiting for temporary or permanent placement. The children at the shelter are without their families during a pandemic, afraid of where they might go nexxt, telehealth is vital for these children's mental health. I have visually witnessed the youth after their telehealth appointment appearing to be feeling relieved and less tense after their session. The youth appear to be calmer and are able to process their current situation. Your honor, I ask you all to consider my testimony and my personal experiences I have experienced through working with some of the most vulnerable populations, I ask that you consider passing a bill that will continue to benefit the populations I serve.



LATE

SB-2645

Submitted on: 2/13/2022 8:31:14 PM

Testimony for HTH on 2/14/2022 1:15:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Christine Park	Individual	Support	No

Comments:

Aloha, Chair Keohokalole and Members of the Senate Health Committee:

I am testifying in strong support of SB2645. The COVID emergency proclamations which allowed the use of standard telephone contacts to qualify as "telehealth" has enabled health care providers and patients to connect in necessary and life-saving ways. The availability of insurance reimbursement for telehealth provided through standard telephone contacts has greatly increased access to care for vulnerable populations, including the elderly, low-income, medically- and socially-complex patients, and those in rural areas who do not have the broadband capabilities, electronic equipment, financial means, transportation options, or technological proficiency to operate sophisticated digital video conferencing software. This bill also avoids problems with devices, internet, sufficient bandwidth, power and battery charging capabilities, and digital literacy.

With all the hardships related to prolonged familial, work, social, and economic stressors brought on by the pandemic, the demand for mental health services has never been so high. Improving access to care is a necessity.

Research has found standard telephone contacts to be an effective, viable means for providing timely mental health services to patients. Research also shows that people of color, people with lower incomes and education, non-English speakers, and seniors are more reliant on telephone than video for care.

Please pass SB2645 as an important measure to improve access to quality mental health services when Hawaii needs it most.

Thank you for this opportunity to provide this testimony.

LATE

SB-2645

Submitted on: 2/13/2022 9:41:11 PM

Testimony for HTH on 2/14/2022 1:15:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Stacie M Burke	Individual	Support	No

Comments:

Sen. Jarrett Keohokalole

Sen. Rosalyn H. Baker

Senate Health Committee

SB 2645 Relating to Access to Behavioral Health Services

Monday, February 14, 2022

Aloha

I am writing in strong support for SB 2645. Access to mental health care is crucial, especially for members of our vulnerable community. Many living in rural areas do not have adequate broadband available to them, while others are intimidated by the process altogether.

Let's build a better society, by offering options to those in need.

Mahalo

Stacie M. Burke

Aiea, Hawai'i

SB-2645

Submitted on: 2/13/2022 10:42:05 PM

Testimony for HTH on 2/14/2022 1:15:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
rika suzuki	Individual	Support	No

Comments:

February 13, 2022

Aloha, Chair Keohokalole and Members of the Senate Health Committee:

I am testifying in strong support of SB2645.

Audio-only mental health care visits have become an integral and life-saving aspect of the COVID emergency proclamations.

I work directly in both audio and telemedicine formats to care for underserved communities and have seen firsthand the critically helpful role AUDIO visits serve in providing urgent psychiatric, psychological and social services care to my patients who EITHER do not have access to technology for telemedicine/broadband OR do not feel comfortable utilizing video technology. Seniors, patients with severe and persistent mental illness, as well as patients who are impoverished and houseless or otherwise socioeconomically compromised are among the patients who have most benefited from and been grateful for AUDIO visits.

Were it not for AUDIO visits, I am certain that the continuity of care for my patients would have been interrupted with a devastating impact.

PLEASE VOTE IN SUPPORT OF THIS VITAL mental healthcare bill, SB2645.

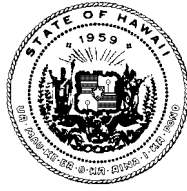
The Centers for Medicare and Medicaid Services already approve of audio only visits and my hope is that this will be indefinitely utilized for those who cannot access video technology.

Thank you very much for working to protect and advocate for our most vulnerable community members. Please vote in SUPPORT OF SB 2645.

Mahalo,

Rika Suzuki MD, adult and geriatric psychiatrist

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

LATE

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 14, 2022

TO: The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Health

FROM: Cathy Betts, Director

SUBJECT: **SB 2645 – RELATING TO ACCESS TO BEHAVIORAL HEALTH SERVICES.**

Hearing: Monday, February 14, 2022, 1:15 p.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent and offers comments.

PURPOSE: The purpose of the bill is to allow for the use and reimbursement of standard telephone contacts for telehealth purposes by mental health professionals.

During the pandemic, the use of telehealth for many services increased; this is particularly the case for behavioral health services. Also, during the pandemic, the Med-QUEST Division (MQD) increased flexibility to all telephonic services. The latter has been helpful during the pandemic when access to in-person care was limited. Flexible telephonic service also acknowledges and seeks to remedy digital health disparities for individuals without access to audio-visual technology needed for telehealth, such as populations in rural communities or geographic areas that lack internet access or infrastructure and those without "smart" devices.

As the pandemic has worn on, both nationally and locally, Medicaid programs, payers, and healthcare providers have been monitoring and evaluating the use of telehealth and the use of the telephone for healthcare services' clinical outcomes, quality costs, and program integrity. Thus far, the area of behavioral health has shown to have relative equivalency in

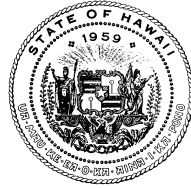
outcomes for in-person, telehealth, and telephonic visits. However, there is also agreement that guardrails are needed for the ongoing utilization of telephonic modality to ensure positive clinical outcomes long-term. There are some concerns that health disparities may deepen for those whose access to care would be mostly standard telephone calls. The long-term and exclusive use of standard telephone calls for behavioral health care instead of at least some in-person or a real-time video-conference telehealth visit is not the preferred clinical option.

Further, while there is consensus that standard telephone calls for behavioral health should be reimbursed, there is no consensus on reimbursement parity. Telephonic care does not have the same costs as in-person visits or real-time video-conference telehealth care. Fiscal parity for telephone calls can lead to unintended consequences of reducing access to in-person care as some behavioral health providers may choose to close their offices and work exclusively using telephone calls or telehealth.

Therefore, DHS appreciates the intent of the measure to allow the use of telephonic behavioral health care; however, has concerns regarding reimbursement parity.

Thank you for the opportunity to testify on this measure.

DAVID Y. IGE
GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

LATE

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

**WRITTEN
TESTIMONY
ONLY**

**STATE COUNCIL ON MENTAL HEALTH
Testimony to the Senate Committee on Health
in SUPPORT of S.B. 2645
RELATING TO ACCESS TO BEHAVIORAL HEALTH SERVICES (S.B. 2645)**

Monday, February 14, 2022 at 1:15 p.m.

CHAIRPERSON

Richard I. Ries Psy.D., M.S.Ed.

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Christopher Knightsbridge,
MAIR, MAEL

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Kathleen Rhoads Merriam, LCSW,
CSAC

Tara Reed, BSW

Jennifer Renfro

Chair Keohokalole, Vice-Chair Baker and Members of the Senate Health Committee:

In alignment with §334-10, HRS, the State Council on Mental Health (SCMH) is a 21-member Council responsible for advising, reviewing and monitoring the provision of mental health services statewide. SCMH members from diverse backgrounds serve as volunteers, collectively representing mental health service recipients, students and youth, parents and family members, providers, and state agencies including the Hawaii Department of Health, Department of Human Services, and the Judiciary.

The majority of SCMH members **SUPPORT** S.B. 2645 which is intended to help increase digital equity across the State. Solid broadband infrastructure and digital equity will help increase access to behavioral health services to a variety of individuals with mental health and co-occurring substance abuse needs.

Thank you for the opportunity to testify. Should you have any questions, please contact us at DOH.SCMHChairperson@doh.hawaii.gov.

EX-OFFICIO:

Marian Tsuji,
Deputy Director, Behavioral
Health Administration

In alignment with §334-10, HRS, the State Council on Mental Health (SCMH) is a 21-member Council responsible for advising, reviewing and monitoring the provision of mental health services statewide. SCMH members from diverse backgrounds serve as volunteers, representing mental health service recipients, students and youth, parents and family members, providers, and state agencies including the Hawaii Department of Health, Department of Human Services, and the Judiciary.

The mission of the SCMH is to advocate for a Hawaii where all persons affected by mental illness can access treatment and support necessary to live a full life in the community of their choice. Should you want to contact us in the future, please e-mail DOH.SCMHChairperson@doh.hawaii.gov.

For more information about the State Council on Mental Health, please visit: www.scmh.hawaii.gov